



The National Centre
for Post-Qualifying
Social Work and
Professional Practice

CLAHRC East of England Fellowship Evaluation



Collaboration for Leadership
in Applied Health Research and Care
East of England



Foreword

Professor Peter Jones Director NIHR CLAHRC East of England



It is widely recognised that there are multiple barriers to undertaking research across health and social care, let alone implementing changes based on new evidence. Building local capacity for evidence informed practice has therefore been a key focus. The NIHR CLAHRC East of England Fellowship Programme has aimed to achieve this. This independent evaluation of the Fellowship undertaken by The National Centre for Post-Qualifying Social Work and Professional Practice at Bournemouth University demonstrates that skills developed via the Fellowship can be applied directly in the workplace. This affects real change that lead to improvements for patients.

Dr Christine Hill Deputy Director NIHR CLAHRC East of England

As lead for the CLAHRC East of England Fellowship, it has been a privilege to be involved in developing the programme to support clinicians and health and social care practitioners wanting to work at the interface of research and practice. This evaluation has been a valuable tool in shaping our understanding of how the Fellowship has promoted the use of research-based evidence in healthcare organisations in the East of England, and its role in developing the research careers of our CLAHRC Fellows.



Professor Keith Brown Director National Centre for Post Qualifying Social Work and Professional Practice



It has been a privilege working with CLAHRC East of England and The Clinical Network East of England to share our experience and expertise in evaluating impact. The National Centre of Post Qualifying Social Work and Professional Practice believe that evaluation is a key to running and developing courses that have a positive impact at both individual and organisation levels.

Acknowledgements

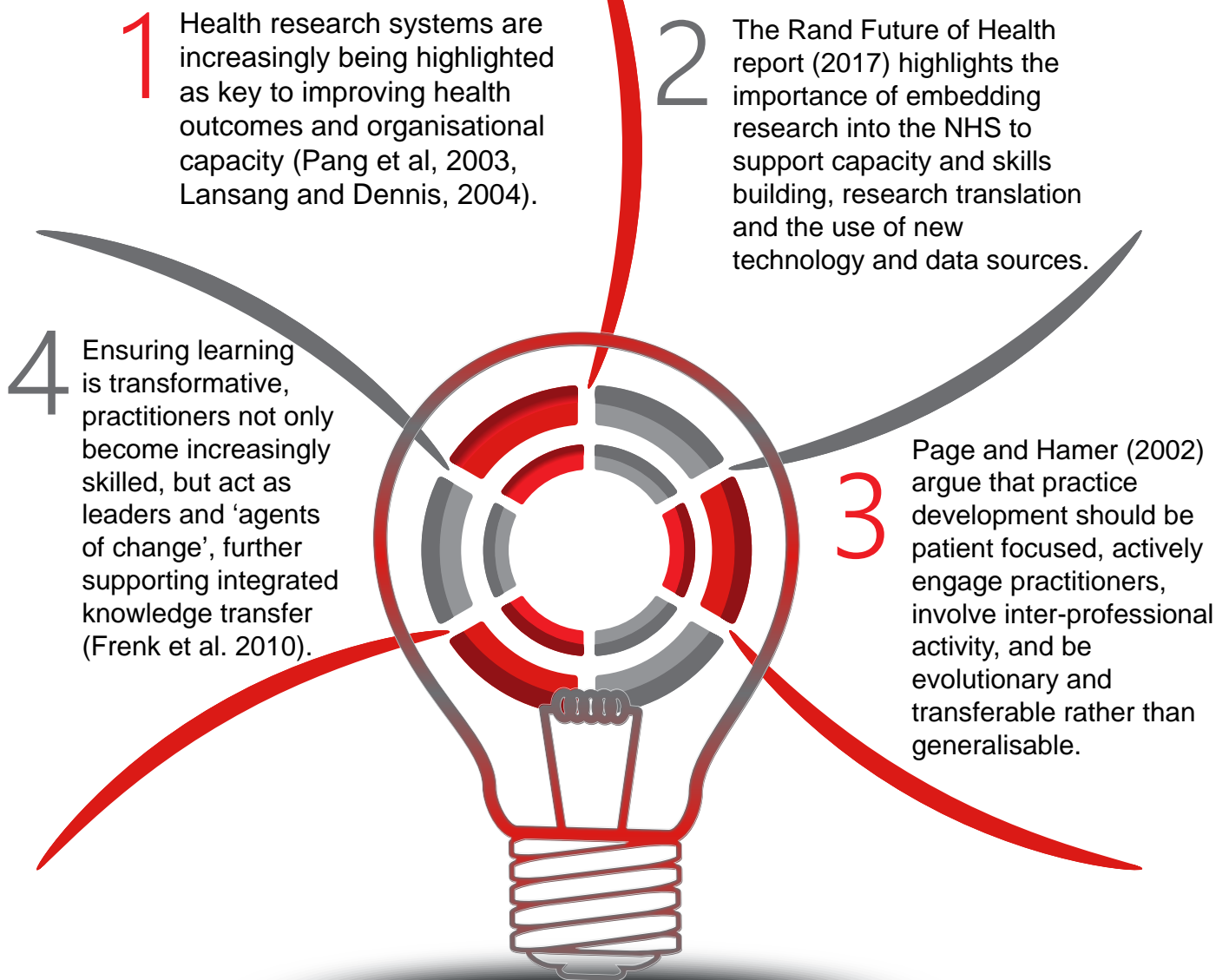
The authors express their sincere gratitude to the CLAHRC East of England Fellows who took part in this evaluation.

Introduction

The Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Fellowship is designed for clinicians, health and social care practitioners and managers to undertake and disseminate high quality research. NIHR CLAHRC East of England commissioned The National Centre for Post-Qualifying Social Work and Professional Practice at Bournemouth University to evaluate the CLAHRC East of England (EoE) Fellowship.

This publication provides the findings of an evaluation of the CLAHRC East of England Fellowship from a variety of key informants who were undertaking or had previously taken part in the programme.

Why a Fellowship?



It is recognised that there are challenges in integrating research into practice across the health and social care sectors. Robust health research systems are increasingly becoming a priority for national and international health bodies for a range of reasons, including those detailed above.

Context

Funded by the National Institute of Health Research, the original nine CLAHRCs were designed to bridge the translational gaps between research and practice (Lockett et al, 2014). These collaborations between Higher Education Institutions (HEIs) and NHS organisations are designed to address the complex relationship between research and implementation, acting to support knowledge transition and building capacity in local academic and health networks and communities (Soper et al, 2013). In August 2013, thirteen new CLAHRCs were announced with CLAHRC East of England replacing CLAHRC Cambridgeshire and Peterborough (CLAHRC CP). CLAHRC-CP was an early adopter of the fellowship model, a scheme that aimed to get clinicians and health and social care practitioners involved in research.

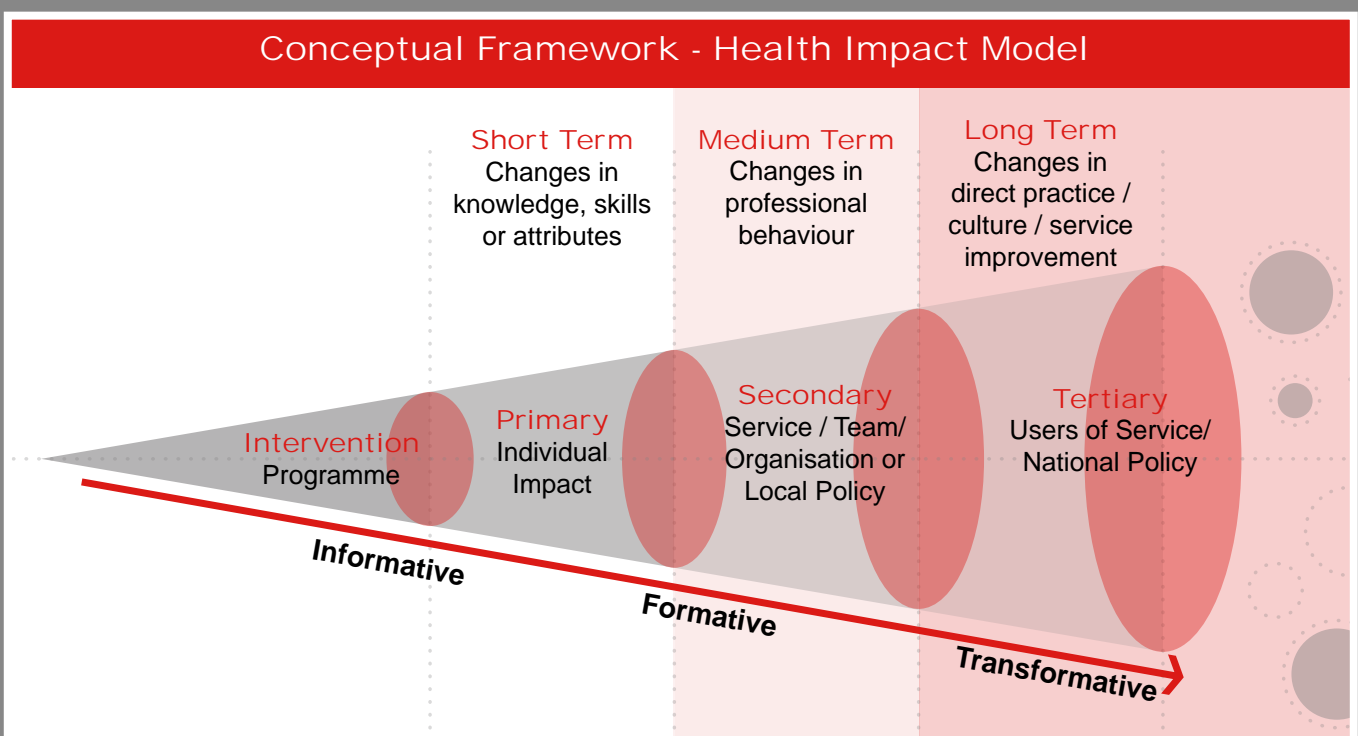
The CLAHRC EoE Fellowship is part of NIHR CLAHRCs remit and commitment to building the capacity of individuals and organisations to undertake and disseminate high-quality research. By developing the research and implementation skills of individuals within our partner organisations, sustainable improvements can be made to the way healthcare providers deliver services informed by the best available evidence.

To have the greatest impact, capacity-building initiatives have targeted:

- ➔ disciplines where research capacity is under-developed
- ➔ health problems where demand for services is high but research capacity is low
- ➔ individuals working at all levels within health and social care organisations
- ➔ those with evidence of potential for leadership

What is impact?

Impact is a wider concept than the evaluation of professional development and occurs when the learning is applied and contributes to enhancing practice to make a beneficial difference. Therefore, impact should not just be considered in the restricted context of the immediate impact of a taught intervention or series of workshops but rather in relation to long term behavioural change and identifiable outcomes.



The Fellowship

The CLAHRC East of England Fellowship is designed for clinicians, health and social care practitioners and managers to undertake and disseminate high quality research. The programme enables Fellows to develop understanding and skills in research methodology, service redesign and change management. As a result of developing the skills of individuals within partner organisations, sustainable improvements can be made to the ways in which healthcare providers deliver services using evidence-informed practice.

The Fellowship involves the attendance of monthly teaching workshops covering topics such as research ethics, literature reviewing skills, and statistical methods in research, in order to expand research skills and knowledge. Bi-monthly action learning sets allow Fellows to support each other in their learning. Supervisors provide on-going academic support throughout the programme. Fellows are required to write up their projects and present a poster at the CLAHRC Fellowship showcase at the end of the Fellowship year.

The Fellowship takes a year to complete and CLAHRC funding covers backfilling for one day a week, in return the employer agrees to ring-fence this time.

The conceptual Framework is underpinned by the World Health Organisation (WHO) strategy on research for health, which sets out the following five interrelated goals:

Standards (promoting good practice in research)

Priorities (focusing research on priority health needs)

Translation (strengthening links between health research and health policy and practice)

Priorities (focusing research on priority health needs)

Capacity (helping to strengthen national systems for health research)

The evaluation research approach is detailed in the impact evaluation method section. The framework for this evaluation is underpinned by an evidence base and methodological approach, which have been developed with health and social care organisations, to give a robust triangulated measure of impact. However, many of these studies (Dickerson et al, 2017, Keen et al, 2014) have been relatively small scale and required tailoring to the specific population. Within the context of any intervention, it is recognised that what works within one population may not have the same impacts in another due to logistical reasons such as the variability of local assets or resources, strategic, organisational, or local policy priorities.

Levels of Impact

1

Primary (Individual Impact)

Learners reaction to development/ process or intervention
Learning obtained/skill development
Perceived applicability to practice

2

Secondary (Service / Team/ Organisation or Local Policy)

Behavioural change
Impact on team, department, or organisational level
Informing and influencing local policy

3

Tertiary (Users of Service/National Policy)

Impact on users of service (locally or nationally)
Informing and influencing national and internal policy
Impact of wider health research system and strategic goals

Fellowship experience and personal impact:

Looking at individual elements of the formal facilitated sessions, including action learning sets, reflections of the strengths and weaknesses of the programme and any areas for development, and the wider application of the areas covered.

Practice impact:

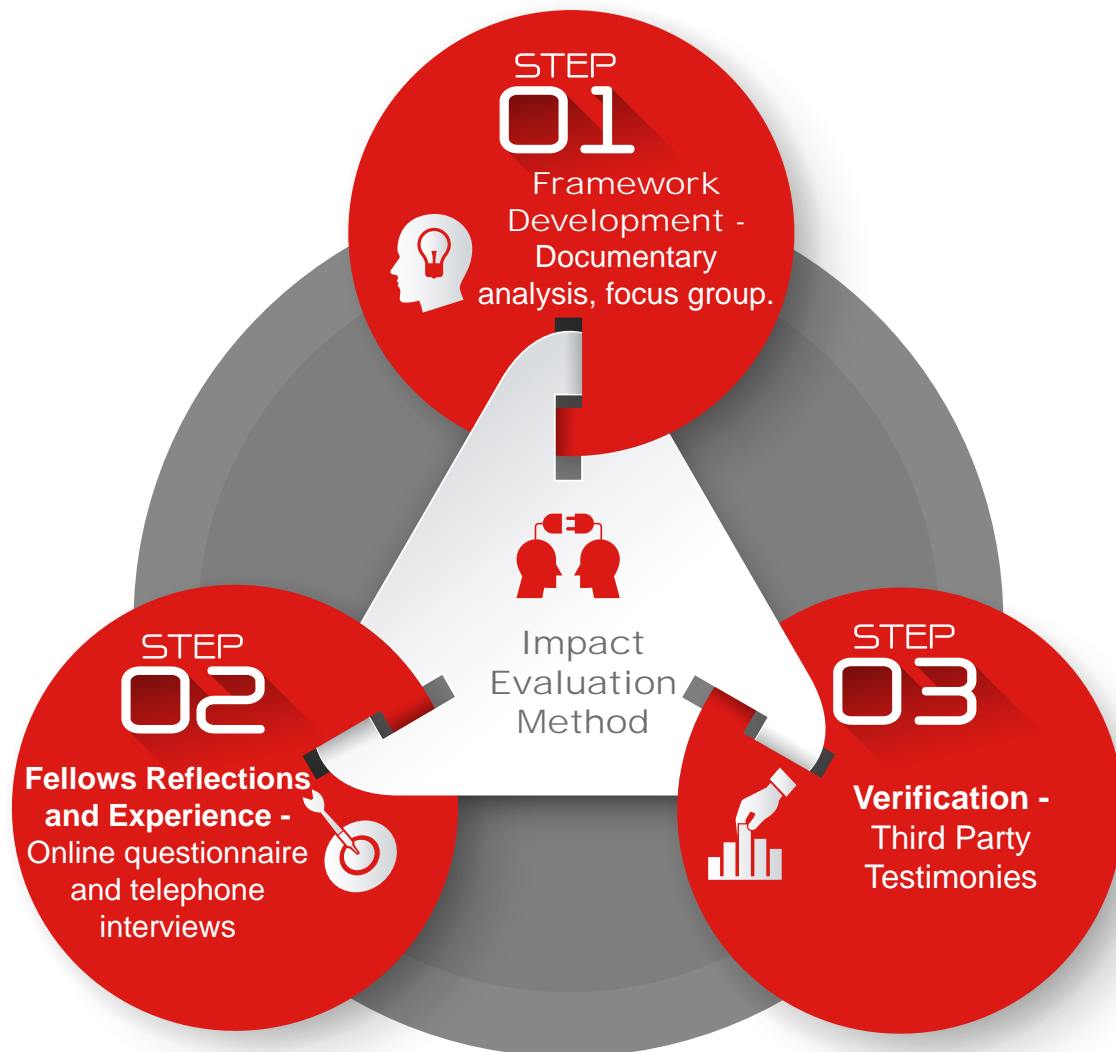
Fellows are asked to reflect on the impact of the Fellowship experience on their wider professional practice, including patients/service users, services, and professional colleagues and local and national policy.

Long-term impact and outputs:

Respondents were asked about their engagement in further research since undertaking the Fellowship, including published outputs, service changes or improvements, professional qualifications and future intentions to participate in research.

Impact Evaluation Method

A theory driven evaluation approach has been employed to underpin this evaluation, where fellows (past and present) act as stakeholders to inform and guide the process of methods and processes used. Therefore, capturing robust and triangulated examples of impact.



Sample

Twenty-nine respondents completed the online questionnaire, a response rate of 46% of the valid population and 36% of the total parent population. Twelve respondents opted to participate in a telephone interview. Respondents to the questionnaire were asked to supply the details of a third party to complete the third party testimony, fifteen respondents supplied these details, and twelve of the nominated parties completed the third party testimony (TPT) online questionnaire.



Examples of Fellowship Impact

Primary (Individual Impact)

All professional roles reported an increase in their research ability and confidence. These results were echoed by third party testimonies, who observed a consistent increase in the ability and confidence levels of their colleague.

The most frequently reported gain from the fellowship was a greater understanding of and engagement with the research process as a whole.

“ I have grown in understanding my motivations, strengths and limitations. I have become more confident in my research skills, speaking my mind about what would help in developing projects, and applying the evidence base to practice. ”

“ It has allowed me to successfully apply for further research funding. I anticipate it will lead to publications. It has significantly increased my research skills, particularly in systematic review and qualitative methodology of which I had no prior experience. ”

Secondary (Service / Team/ Organisation or Local Policy)

97% of respondents indicated that they had been able to apply the learning of their Fellowship to their wider professional practice.

Examples of impact ranged from increased research activity to a direct impact on the users of the service.

“ Some of the learning through CLAHRC contributed to the survival of the service, and also contributed to the development of systems for data collection and analysis which enabled another team member to undertake a CLAHRC Fellowship extending our earlier work. The team has developed their awareness of research and service evaluation and this has become part of the service culture. The service won the Trust ‘Research and Innovation’ award this year. ”

“ Results have guided redesign of local services within the direct clinical team and wider partnership Transforming Care strategy. ”



3

Tertiary (Users of Service/National Policy)

70% of respondents reported that their Fellowship has had some impact on local or national policy making.

A range of impacts were reported by respondents including changes noted within a Clinical Commissioning Group and a change in local policy to support a single point of contact.

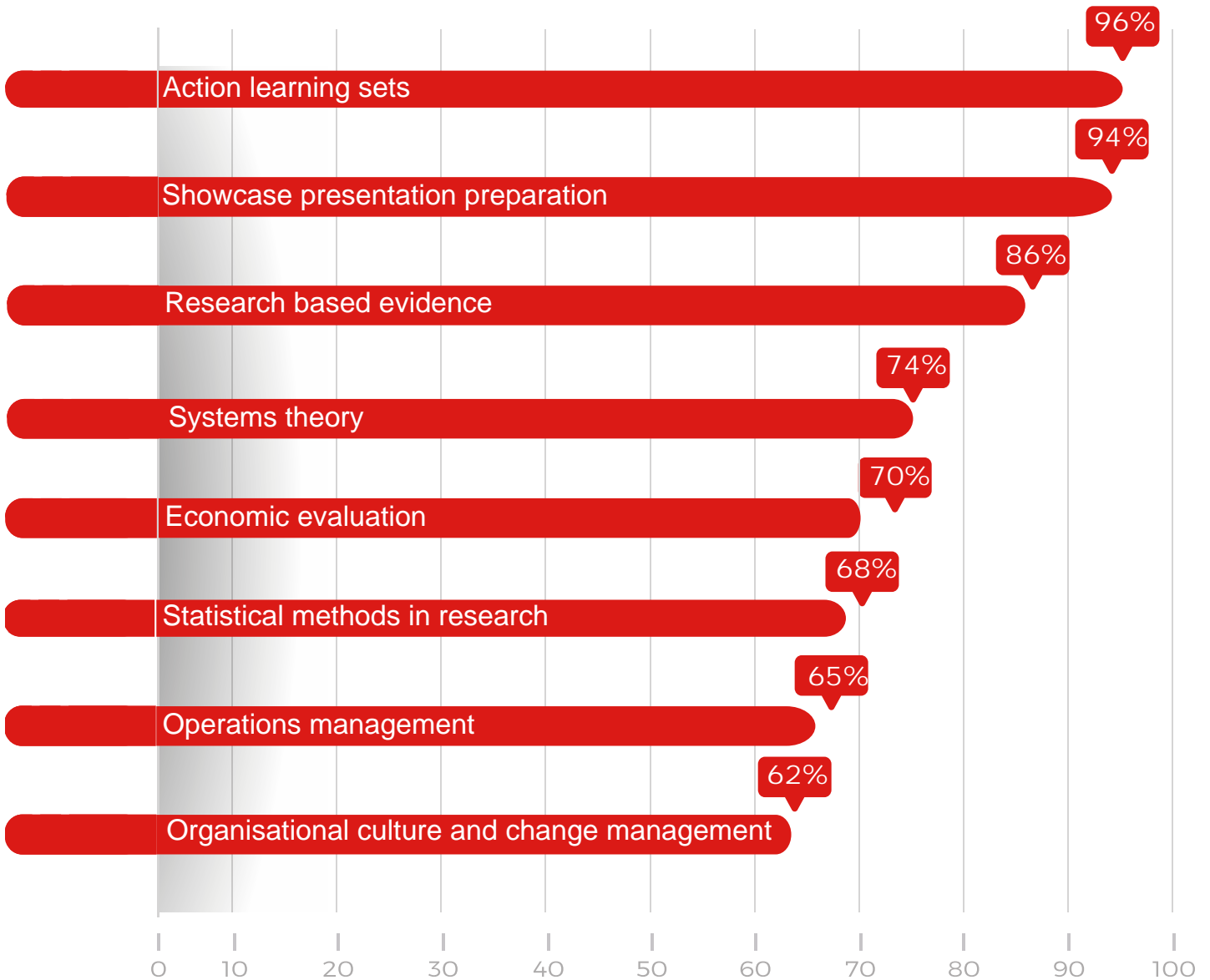
“Attends national and local groups influencing and participating in discussions which change policy. There is no doubt that the Fellowship has given her greater confidence and skills to interact with clinicians, academics and managers of all levels. Plus of course the contacts she has made increase her initiations to take part in more discussions.”

“The findings have improved the way we interact with service users/ their family’s how we include and feedback to front line staff and to records and information we request of carers.”



Respondents reported that the Fellowship changed how they interact with research within their wider organisation, and for some this has meant advising others or becoming Research Director. Working within a wider team to identify opportunities to support future research was also a common theme supporting the view the Fellowship builds research capacity within individual teams and employing organisations.

The Fellowship results in increased understanding of, and engagement in, academic and health research networks. The process can be described as transformative in relation to mind-set facilitating Fellows to become 'agents of change' within their organisation.



Usefulness: Developing a research skill set

Combined Ratings - extremely, very or moderately useful (excluding n/a or did not attend)

Action Learning sets are considered a particular strength of the programme due their supportive and interactive nature. The taught element of the programme could be further developed to more effectively meet the needs and learning styles of Fellows.

Case Studies

“

Peter is a Service Development Manager, he felt that the programme had bought about real change and improvement in service delivery.

“... some of the evidence from the project, I used in my work to establish additional resources to meet a need really, so that was really helpful. I was able to use that with a business case to establish a team to deliver a service really, that team is still going today. I think part of that was around what I was able to bring to the business case from which I acquired through the project through the CLAHRC.”

”

“

Elizabeth is Consultant Psychiatrist. On reflection Elizabeth felt that the programme has helped to ‘transform services’. As a result there is now a continuous programme of research and the service is involved in national grants.

“It has definitely led on to lots and lots of research things and more importantly service development and service evaluation.”

Elizabeth felt the programme bought about real change and improvement in national policy.

“I am regularly talking with NHS England people, which I would have never done before. We have a conference .. about youth services, which involves/ lots of national figures including NHS England and policy makers. You have the IAP people, so it has made a huge impact, a huge impact”.

The most valuable point that Elizabeth took away from the programme was the way it impacted on the way she thought.

“One thing I will say it helped me and my colleagues know/ change the way we think about how services look like”.

”

Barriers to Engagement and Impact

50% of pre 2017 Fellows reported having faced barriers getting their research into policy and practice. Barriers cited include a lack of organisational engagement, funding to develop the research and protected time.

Building Capacity

Evidence within this evaluation suggests the Fellowship programme supports capacity building in the following ways:

01	Supports peer to peer learning, networking and increased engagement in academic research networks.	
02	Integrates research into practice, promoting health research across professional groups and providing a practice based research interface.	
03	Increased organisational focus and engagement in research, including systems, pathways and practices.	
04	Supports on-going development of evidence based practice through interpretation and dissemination.	

Recommendation

93% of respondents indicated that they are either likely or very likely to recommend undertaking a CLAHRC Fellowship to their colleagues.

One respondent, who indicated they were unlikely to recommend the Fellowship, reflected that the course was not tailored to their organisational context, and therefore would not be appropriate for their colleagues.



Conclusions

Fellows reported a range of practice impacts from undertaking the Fellowship, including the following:

1. Fellows indicated that they had been able to apply the learning from the Fellowship to their wider professional practice, at least to some extent. Examples of practice impact ranged from increased research activity to a direct impact on the users of service. The range of examples effectively illustrates the impact of undertaking the Fellowship on the professional practice of the individual, and in turn, their colleagues, service, and wider organisation.
2. The primary motivation for respondents to undertake a Fellowship was to make a real and lasting impact on practice and to their service. This theme was reflected across the professional groups, with respondents reporting changes in ways of working throughout the health and social care sectors as a result of undertaking the Fellowship.
3. The Fellowship had given candidates an opportunity to formalise their research, allowing them to disseminate their findings in a robust manner, resulting in better engagement and uptake within the wider service or organisation.
4. **Third party testimony respondents reflected on the direct impact of the Fellowship on their colleague's professional practice. The primary impacts reported were increased levels of confidence in research and the development of a research skill set.** Although some projects are yet to be completed, TPT respondents were able to report a positive impact on their colleagues as a result of engaging with the Fellowship process.



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Further Information

Copies of the full evaluation report can be downloaded here:

<http://www.clahrc-ee.nihr.ac.uk/2018/05/clahrc-fellowship-evaluation/>

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The National Centre for Post-Qualifying Social Work and Professional Practice are able to offer a single point of contact for all questions and enquiries. Our contact details are below:

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